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PTO/SB/01 (12-97)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number RCA89037
First Named Inventor Daniel R. Schneidewend

COMPLETE IF KNOWN

Application Number 09/445,175
Filing Date December 3, 1999
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR PROCESSING AUDIO-ONLY PROGRAMS

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

December 3, 1999

as United States Application Number or PCT International

Application Number **09/445,175** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/048,879	June 6, 1997	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Darrel Wayne				Randall			
Inventor's Signature					Date		
Residence: City	Danville	State	IN	Country	USA	Citizenship	USA
Post Office Address		7485 Cherry Hill Drive					
Post Office Address							
City	Danville	State	IN	ZIP	46254	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Michael Joseph				McLane			
Inventor's Signature					Date		
Residence: City	Indianapolis	State	IN	Country	USA	Citizenship	USA
Post Office Address		720 Sherwood Drive					
Post Office Address							
City	Indianapolis	State	IN	ZIP	46240	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Megan Louise				Brown			
Inventor's Signature		<i>Megan Louise Brown</i>			Date		3/2/10
Residence: City	Carmel	State	IN	Country	USA	Citizenship	USA
Post Office Address		11321 Rolling Springs Drive					
Post Office Address							
City	Carmel	State	IN	ZIP	46033	Country	USA

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US98/11866	June 5, 1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
TRIPOLI, Joseph S.	26,040		
SHEDD, Robert D.	36,269		
LIAO, Frank Y.	40,065		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	JOSEPH S. TRIPOLI - PATENT OPERATIONS				
Address	PO BOX 5312, 2 INDEPENDENCE WAY				
Address					
City	PRINCETON	State	NJ	ZIP	08540
Country	USA	Telephone	609 734-9400	Fax	609 734-9700

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname					
Daniel Richard		Schneidewend					
Inventor's Signature	<i>Daniel Richard Schneidewend</i>		Date	3/2/00			
Residence: City	Fishers	State	IN	Country	USA	Citizenship	USA
Post Office Address	11221 Tall Trees Drive						
Post Office Address							
City	Fishers	State	IN	ZIP	46038	Country	USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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Darrel Wayne				Randall				
Inventor's Signature					Date			
Residence: City		Danville	State	IN	Country	USA	Citizenship	USA
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Post Office Address								
City		Danville	State	IN	ZIP	46254	Country	USA
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Given Name (first and middle [if any])				Family Name or Surname				
Michael Joseph				McLane				
Inventor's Signature		<i>Michael Joseph M. Lane</i>			Date		3/3/00	
Residence: City		Indianapolis	State	IN	Country	USA	Citizenship	USA
Post Office Address		720 Sherwood Drive						
Post Office Address								
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Inventor's Signature					Date			
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Inventor's Signature		<i>Darrel Wayne Randall</i>		Date		3/2/00	
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Mark Sheridan				Westlake				
Inventor's Signature		<i>Mark Sheridan Westlake</i>			Date		3/2/00	
Residence: City		Fishers IN		Country		USA		
Post Office Address		11227 Knightsbridge Lane						
Post Office Address								
City		Fishers		State		IN		
		ZIP		46038		Country		
						USA		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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City				State				
		ZIP				Country		

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